

UNITED STATES DISTRICT COURT

for the

2023 JAN 13 PM 01:11

Northern District of Alabama

U.S. DISTRICT COURT
N.D. OF ALABAMA

Case No.

2:23-cv-53-JHE

(to be filled in by the Clerk's Office)

Bianca Lois Washington

Plaintiff(s)

(Write your full name. No more than one plaintiff may be named in a pro se complaint.)

Jury Trial: (check one) Yes No

-v-

Aspire Physical Recovery Center at home

Defendant(s)

Hoover, LLC

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Jonathan Wade
Administrator

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(205) 870-3277

Check here to receive electronic notice through the email listed above. By checking this box, the undersigned consents to electronic service and waives the right to personal service by first class mail pursuant to Federal Rules of Civil Procedure 5(b)(2), except with regard to service of a summons and complaint. The Notice of Electronic Filing will allow one free look at the document, and any attached PDF may be printed or saved.

12/7/2022
Date

Bonnie Weller
Participant Signature

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (*if known*)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (*if known*)

Jonathan Wade
Administrator
205 1(919)270-3277

Defendant No. 2

Name
Job or Title (*if known*)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (*if known*)

Sheri Taylor
Director of Nurses (DON)
(678) 334-4638

Defendant No. 3

Name
Job or Title (*if known*)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (*if known*)

Paisley Johnson
Chege Nurse (RN)
(625) 289-1351

Defendant No. 4

| | |
|------------------------------------|-------------|
| Name | <hr/> <hr/> |
| Job or Title (<i>if known</i>) | <hr/> <hr/> |
| Street Address | <hr/> <hr/> |
| City and County | <hr/> <hr/> |
| State and Zip Code | <hr/> <hr/> |
| Telephone Number | <hr/> <hr/> |
| E-mail Address (<i>if known</i>) | <hr/> <hr/> |

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

| | |
|--------------------|---|
| Name | <i>Aspire Hoover Physical Recovery Center LLC</i> |
| Street Address | <i>575 Southland Drive</i> |
| City and County | <i>Hoover AL 35226 Jefferson</i> |
| State and Zip Code | <i>AL 35226</i> |
| Telephone Number | <i>(205) 721-4200</i> |

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Other federal law (*specify the federal law*):

- Relevant state law (*specify, if known*):

 Relevant city or county law (*specify, if known*):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (*specify*):

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

C. I believe that defendant(s) (*check one*):

- is/are still committing these acts against me.
- is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- | | | |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | race | _____ |
| <input checked="" type="checkbox"/> | color | _____ |
| <input type="checkbox"/> | gender/sex | _____ |
| <input type="checkbox"/> | religion | _____ |
| <input type="checkbox"/> | national origin | _____ |
| <input type="checkbox"/> | age (<i>year of birth</i>) | (<i>only when asserting a claim of age discrimination.</i>) |
| <input checked="" type="checkbox"/> | disability or perceived disability (<i>specify disability</i>) | _____ |

E. The facts of my case are as follows. Attach additional pages if needed.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (*date*)

B. The Equal Employment Opportunity Commission (*check one*):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | has not issued a Notice of Right to Sue letter. |
| <input type="checkbox"/> | issued a Notice of Right to Sue letter, which I received on (<i>date</i>) _____. |

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (*check one*):

- 60 days or more have elapsed.
 less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1/13/23

Signature of Plaintiff



Printed Name of Plaintiff

Bianca Washington

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

EEOC

Agency(ies) Charge No(s):

420-2022-02464

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Bionca Washington

Home Phone

205-396-6709

Year of Birth

Street Address

104 Lewis Dr

BESSEMER, AL 35023

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

Aspire Physical Recovery Center at Hoover, LLC

No. Employees, Members

15 - 100 Employees

Phone No.

Street Address

575 Southland Drive

HOOVER, AL 35226

Name

No. Employees, Members

Phone No.

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON

Race

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

05/28/2022

Latest

08/03/2022

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I am an African American. I was hired by the above-named employer on or about September 2021 as a Certified Nursing Assistant (CNA). I performed my duties in a satisfactorily manner. On or about May 28, 2022, while at work, I was kicked by Amy Box (White), Registered Nurse, which caused an injury that made me have restrictions for work. When I reported the incident to my employers White leadership, they did not do anything to Amy and even disregarded my complaint as petty, even though there was video of the incident. As a result of my injury and restrictions, I was unable to return to work after my employer told me there were no light duty assignments I could fill and forced me on Workman's Compensation leave. While I was out, I learned that my employer allowed Ashley (LNU), Patient Care Assistant (PCA), who is White, to work while on restrictions. I feel as though I have been discriminated against because of my race (African American), in violation of Title VII, of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Digitally Signed By: Ms. Bionca Washington

10/14/2022

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Charging Party Signature